

FITTING / ORDER FORM

Information is provided to:

Quote Up-Date a Quote Q _____

Order Quote # Q _____

Purchase Order # _____

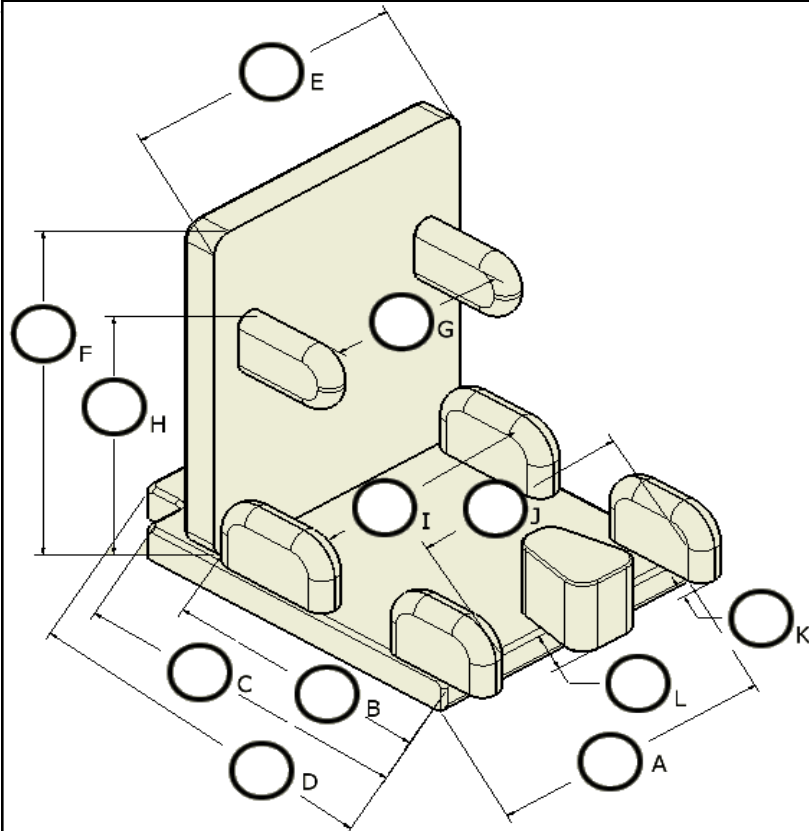
Ordered By: _____

Client's Name (Last, First): _____ Date: ___/___/___ Dealer: _____

Sales Person (RTS): _____ Phone: _____ Fax: _____ E-Mail: _____

Inside Contact: _____ Phone: _____ Fax: _____ E-Mail: _____

Mobility Brand: _____ Model: _____ Size: ___(W) x ___(D)



- Interim Fit**
- One Piece System**

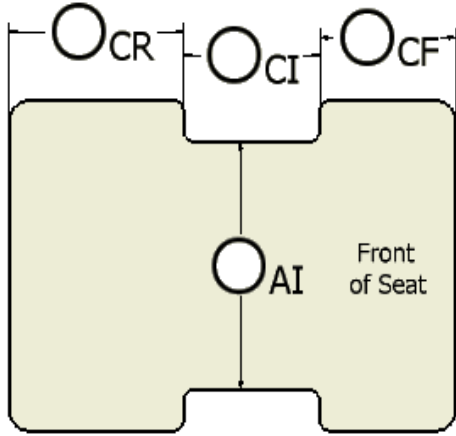
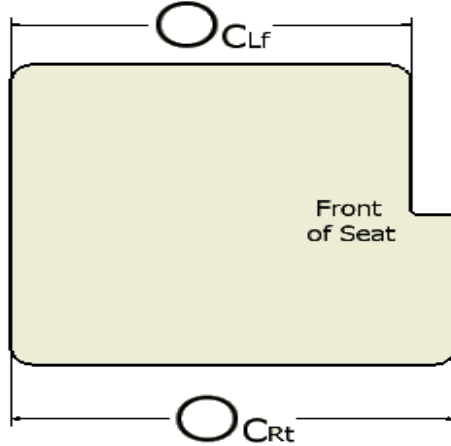
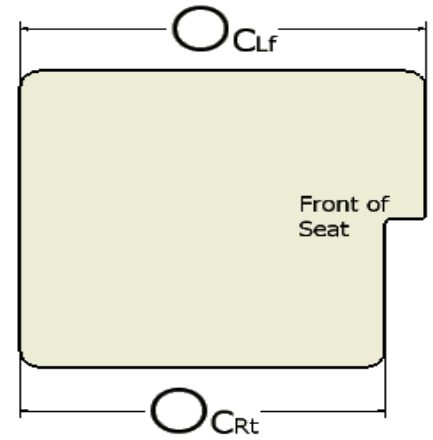
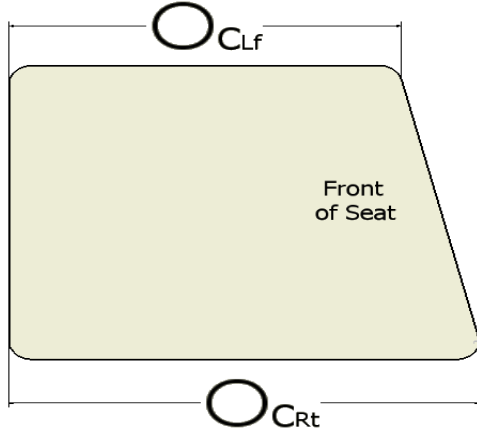
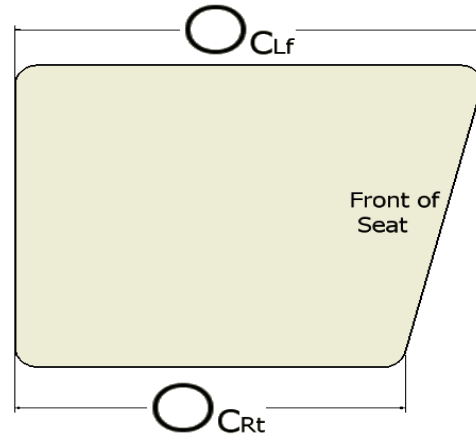
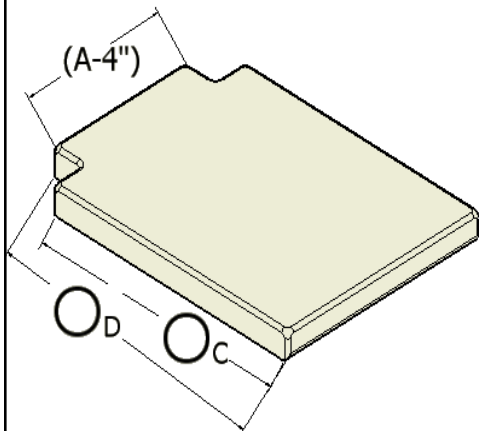
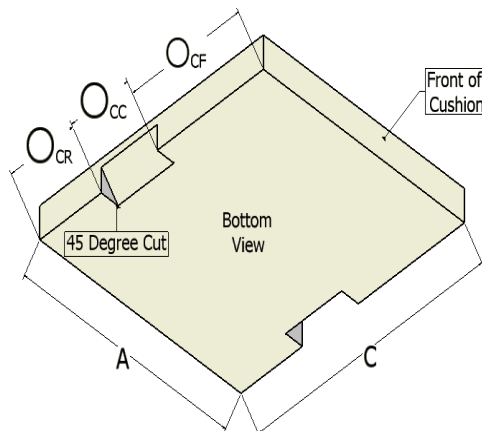
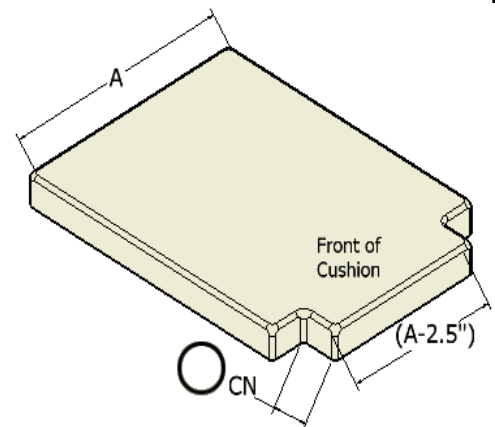
Dimension		Letter	Description
		A	Seat Width
Rt	Lf	B	Seat Depth, Actual
Rt	Lf	C	Seat Depth, Before Tail
Rt	Lf	D	Seat Depth, Overall
		E	Back Width
		F	Back Height
		G	Lateral Trunk Width
		H	Lateral Trunk Height
		I	Lateral Hip/Thigh Width
		J	Lateral Knee Width
		K	Lateral Knee Off Seat
		L	Medial Knee Off Seat

Seat and Back System

Products	Size (Rt, Lf)	Modifications					Notes
		Foam	Shape	Contour	Removable and/or Ad- ditional Covers	Hardware	
Seat Model # _____ <input type="checkbox"/> Full Width Mount <input type="checkbox"/> Between Rails Mount	A: ___ B: ___ C: ___ D: ___	<u>A 3.1.1.</u>	<u>A 3.1.3.</u>	<u>A 3.1.4.</u>	<u>A 3.1.5. & A 3.1.6.</u>	<u>A 4.1.</u>	-
Back Model # _____ <input type="checkbox"/> Full Width Mount <input type="checkbox"/> Between Rails Mount	E: ___ F: ___	<u>A 3.2.1.</u>	<u>A 3.2.3.</u>	<u>A 3.2.4.</u>	<u>A 3.2.5. & A 3.2.6.</u>	<u>A 4.1.</u>	-

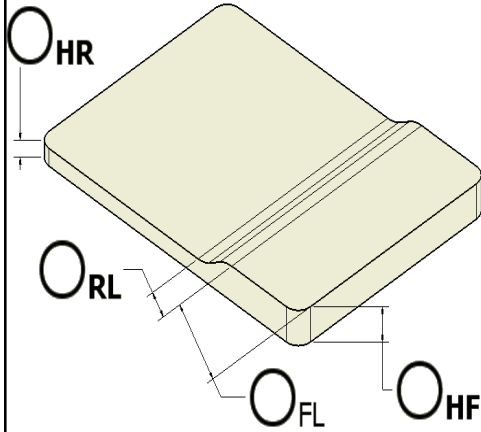
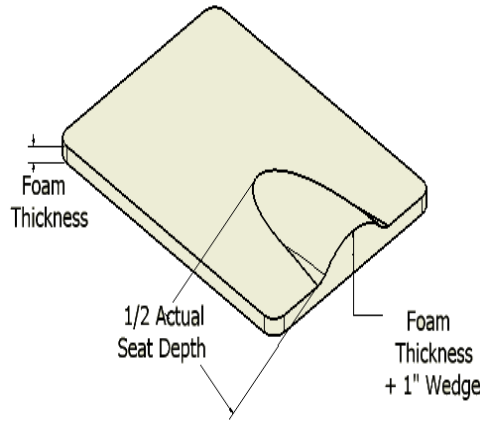
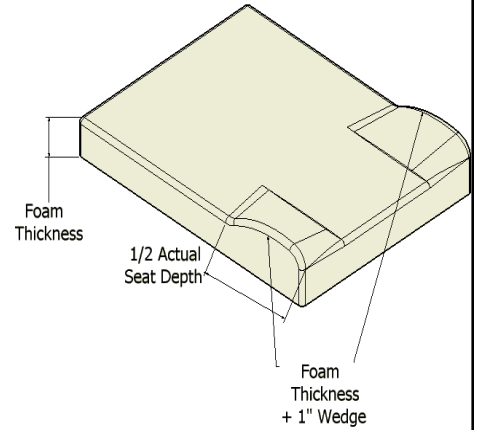
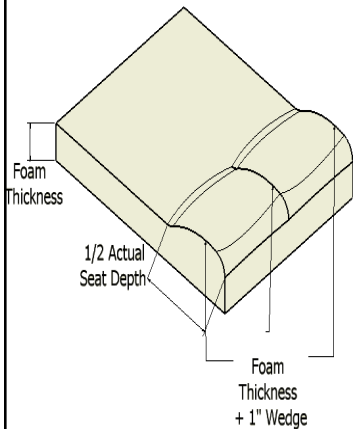
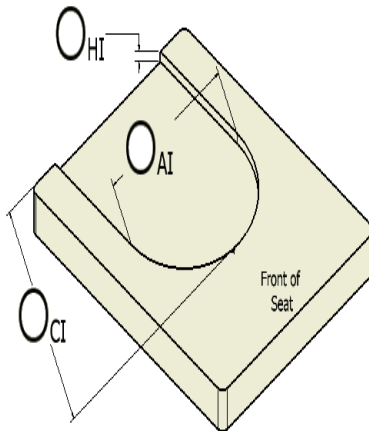
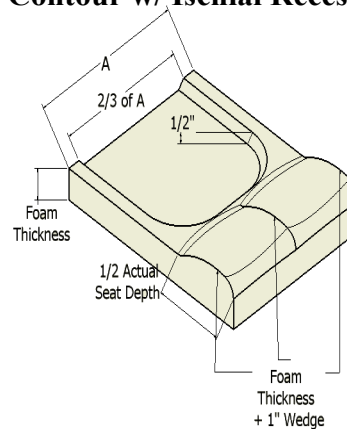
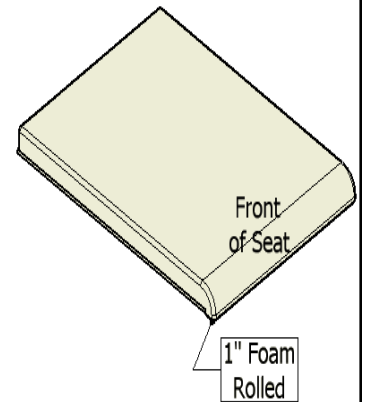
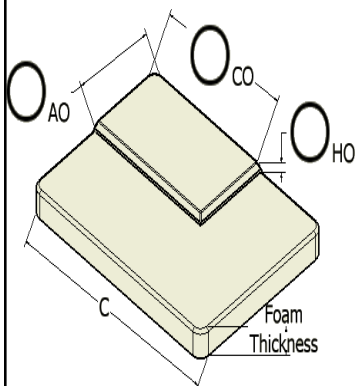
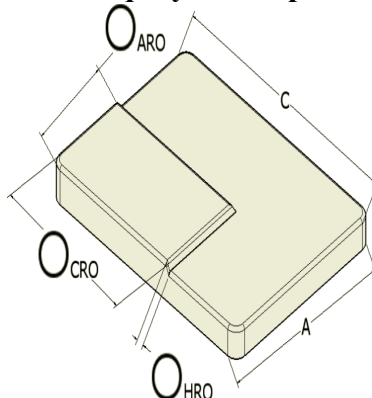
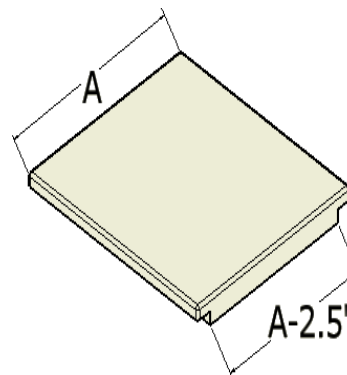
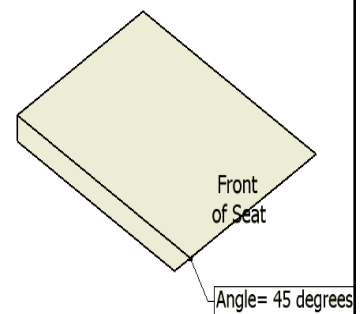
Client's Name: _____, _____
Date: ___/___/___ Dealer: _____
Sales Person (RTS): _____

FITTING / ORDER FORM
Modifications to the Shape of a Solid Seat Insert or Cushion A3.1.3.

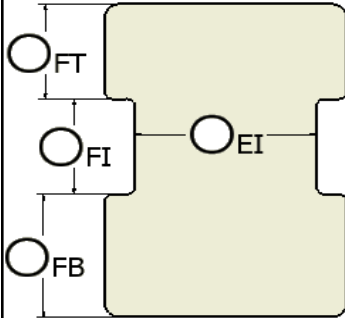
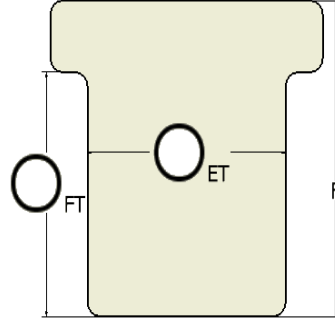
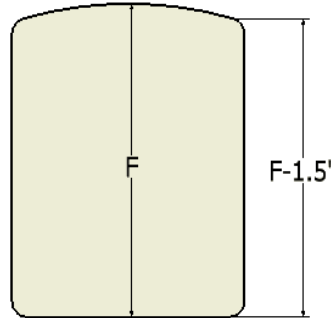
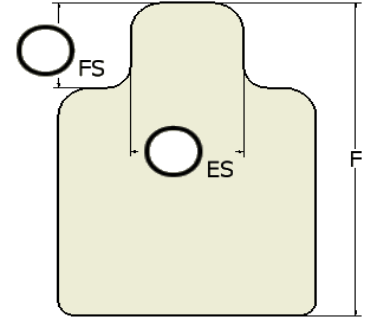
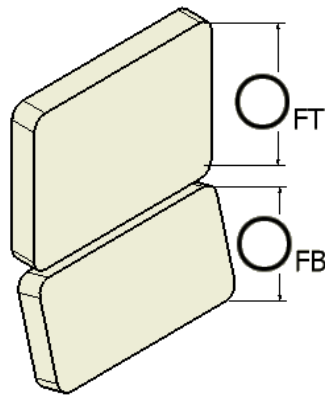
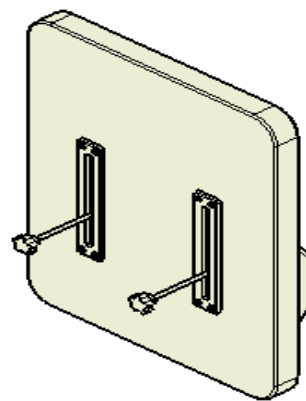
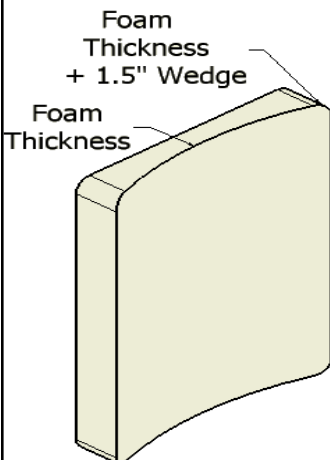
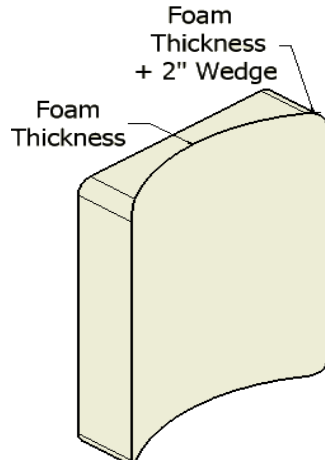
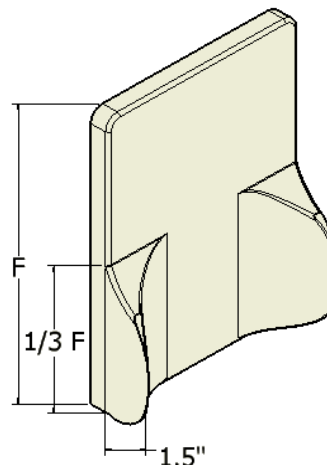
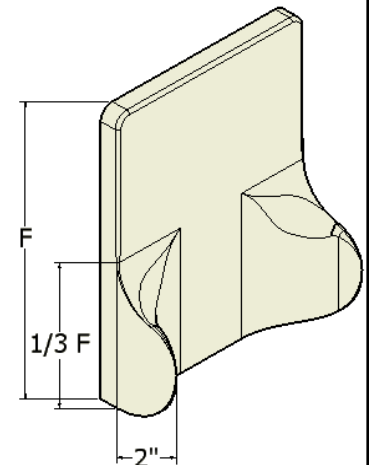
SSI 'T' Modification

SSR 90 Degree Leg Length Discrepancy

SSL 90 Degree Leg Length Discrepancy

SSE Angled Cut for Leg Length Discrepancy

SSD Angled Cut for Leg Length Discrepancy

SSB Notch for Back Canes

SSC Notch for Cross Braces

SSH Notch for Hangers


Client's Name: _____, _____
Date: ___/___/___ Dealer: _____
Sales Person (RTS): _____

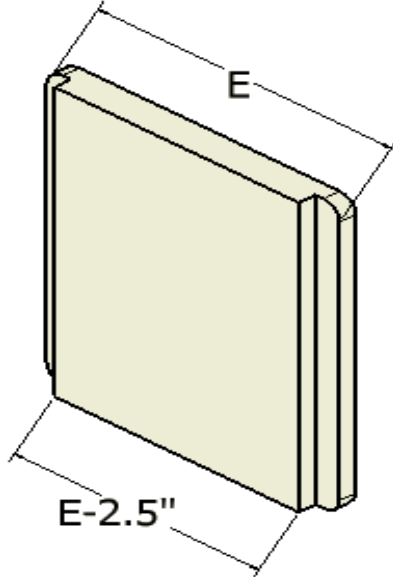
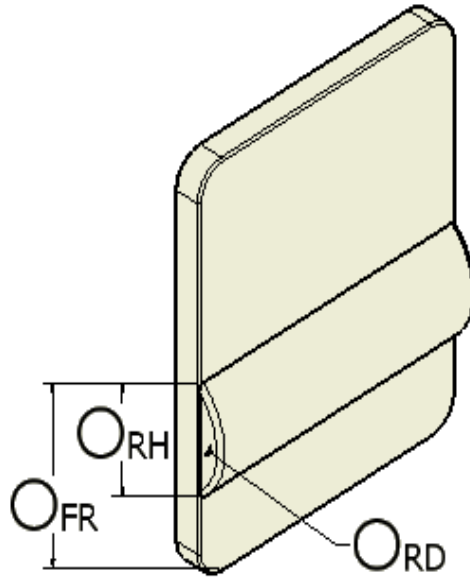
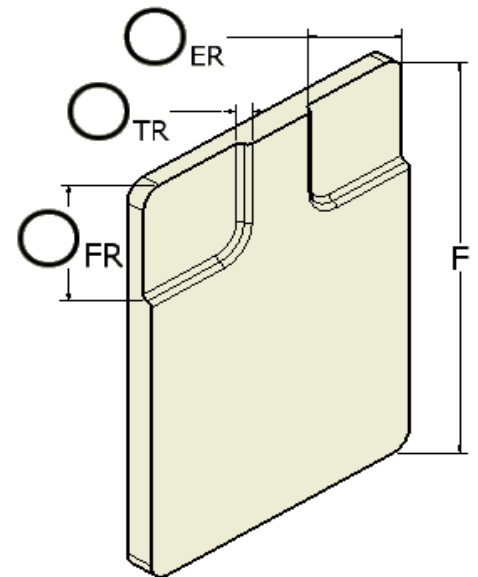
Modifications to the Contour of a Solid Seat Insert or Cushion A 3.1.4.

SCA Anti Thrust Construction

SCB Abductor Contour

#SCD Adductor Contour

SCG Abductor and Adductor Contour

SCI Ischial Recess

SCE BioWell: Abductor & Adductor Contour w/ Ischial Recess

#SCF Rolled Foam at Front of Seat

SCO Left Pelvic Obliquity Buildup

SCP Right Pelvic Obliquity Buildup

SCR Seat Rail Cutout

SCU Undercut Front of Seat


Client's Name: _____, _____
Date: ___/___/___ Dealer: _____
Sales Person (RTS): _____

FITTING / ORDER FORM
Modifications to the Shape of a Solid Back Insert A 3.2.3.
BSI 'I' Modification

BST 'T' Modification

BSC Curved Top of Back

BSS Scapular Cutouts

BSH Bi-Angular Back

BSL Ht, Depth & Angle Adj. Lumbar Support

Modifications to the Contour of a Solid Back Insert A 3.2.4.
BCM Mild Contour Back, Full Height

BCD Deep Contour Back, Full Height

BCQ Mild Contour Back, 1/3 Ht of Back

BCR Deep Contour Back, 1/3 Ht of Back


Client's Name: _____, _____
Date: ___/___/___ Dealer: _____
Sales Person (RTS): _____

Modifications to the Contour of a Solid Back Insert (continuation) A 3.2.4.
BCC Cutouts for Back Canes

BCL Internal Lumbar Roll

BCS Reduce Foam for Scapular Relief

Positioning Support Pads and Hardware B 1.

Products	Model #	Distance Between	Dimension in Front of Seat	Hardware <u>B 1.2.</u>	Notes
Lateral Trunk Supports	<u>B 1.1.1</u>				
Lateral Hip/Thigh Supports	<u>B 1.1.2.</u>				
Lateral Knee Supports	<u>B 1.1.3.</u>				
Medial Knee Support	<u>B 1.1.4</u>				

BioForm Joystick Handles

Products	Model #	Notes
BioForm Goal Post Joystick Handles	<u>B 6.1.1</u>	
BioForm 'T' Joystick Handles	<u>B 6.1.2.</u>	

Client's Name: _____, _____
Date: ___/___/___ Dealer: _____
Sales Person (RTS): _____

FITTING / ORDER FORM
Positioning Belts, Straps and Pads

Products	Model #	Notes
BioForm Anterior Trunk Supports	<u>B 2.1.</u>	
BioForm Abdominal Binders	<u>B 2.2.</u>	
BioForm Positioning Belts	<u>B 2.3.</u>	
BioForm Positioning Belts with Split Pads	<u>B 2.4.</u>	
BioForm Chest Positioning Belts	<u>B 2.5.</u>	
BioForm Calf Straps	<u>B 2.6.</u>	
BioForm Thigh Straps	<u>B 2.7.</u>	
BioForm Padded Sleeves	<u>B 2.8.</u>	

Lower Extremity Supports

Products	Model #	Notes
BioForm Foot Positioners	<u>B 3.1.</u>	
BioForm Footplates	<u>B 3.2.</u>	
BioForm Sandals and Straps	<u>B 3.3.</u>	
BioForm Solid Heel Cups	<u>B 3.4.</u>	
BioForm Foot Support Accessories	<u>B 3.5.</u>	
BioForm Foot Boxes	<u>B 3.6.</u>	
BioForm Calf Supports	<u>B 3.7.</u>	
BioForm Anterior Knee Blocks	<u>B 3.8.</u>	

Head Support Systems

Products	Pad Model #	Hardware Model # <u>B 4.3.</u>	Modifications <u>B 4.2.</u>		Notes
			Shape	Removable and/or Additional Covers	
Flat Headrest Pad	<u>B 4.1.1.</u>				
BioCurve Headrest Pad	<u>B 4.1.2.</u>				
BioForm Cervical Control Headrest Pad	<u>B 4.1.3.</u>				
BioForm Tri-Pad Headrest, Angle Adjustable Wings	<u>B 4.1.4.</u>				
BioForm Tri-Pad Headrest, Fixed Wings	<u>B 4.1.5.</u>				
BioCurve Headrest Package	<u>B 4.1.6.</u>				